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## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

9-13528-136US

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(e))		
TOTAL CLAIMS (37 CFR 1.16(c))	85	minus 20 = * 65
INDEPENDENT CLAIMS (37 CFR 1.16(b))	6	minus 3 = * 3
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	Fee
	\$ _____
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

RATE	Fee
	\$ 710
x \$ 18 =	1,170
x 80 =	240
+ _____ =	
TOTAL	2,120

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	
				(Column 1)	(Column 2)
Total (37 CFR 1.16(c))	*	Minus	**	=	
Independent (37 CFR 1.16(b))	*	Minus	***	=	

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	
				(Column 1)	(Column 2)
Total (37 CFR 1.16(c))	*	Minus	**	=	
Independent (37 CFR 1.16(b))	*	Minus	***	=	

ADDT. FEE
TOTAL

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	
				(Column 1)	(Column 2)
Total (37 CFR 1.16(c))	*	Minus	**	=	
Independent (37 CFR 1.16(b))	*	Minus	***	=	

ADDT. FEE
TOTAL

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

091 740932

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	85	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	85 minus 20=	65
INDEPENDENT CLAIMS	6 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY  
OR

RATE	Fee
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	Fee
BASIC FEE	710.00
X\$18=	1170
X80=	240.00
+270=	
OR TOTAL	2120.00

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.